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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO JTITLE
08/844,215	04/17/97 PERSS	SCIN	M 90146.002
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BARBARA G MC			NOT ASSIGNED
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		Date Granted	
	(verified statement filed), is a see is:	d set above, the total amount of 3172.00	
, statement claiming such		proto 11.0 2 20.0 1g	,
2. Additional claim fees of \$ Applicant must either sub-	5	ing any multiple dependent claim or cancel additional claims for wh	n fees, are required. nich fees are due.
<ul> <li>does not include the An oath or declaration in the above Application Nu</li> </ul>	application to which it applies. city and state or foreign countr compliance with 37 CFR 1. 63 amber and Filing Date is requir	ry of applicant's residence. 3, including residence information	n and identifying the application by
4. The signature(s) to the oa missing.	th or declaration is/are:	- 54	
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An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

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☐ 9. OTHER:

Direct the response and any questions about this notice to "Attention: Box Missing Parts."

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